

**State of Tennessee
Department of Health**

BOARD OF VETERINARY MEDICAL EXAMINERS

**227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, TN 37243
(Toll Free Instate) 1-800-778-4123 Ext. 25090
615-532-5090
tennessee.gov/health**



**Application for Certified
Animal Euthanasia Technician**

For Office Use Only

2327-001 Application Fee \$50

2327-006 State Regulatory Fee (biennial) \$10

(MUST BE TYPED OR PRINTED NEATLY)

**STATE OF TENNESSEE
DEPARTMENT OF HEALTH
HEALTH RELATED BOARDS
227 FRENCH LANDING, SUITE 300
HERITAGE PLACE METROCENTER
NASHVILLE, TN 37243**

**TENNESSEE BOARD OF VETERINARY MEDICAL EXAMINERS
(615) 532-5090
1-800-778-4123 ext. 25090
tennessee.gov/health**

CERTIFIED ANIMAL EUTHANASIA TECHNICIAN APPLICATION**INSTRUCTIONS**

1. Complete this application, have it notarized, and mail it to the above address.
2. Enclose a non-refundable check for \$60.
3. Make check payable to the Board of Veterinary Medical Examiners.
4. Attach a signed passport-sized photograph of yourself to the application.
5. Include a notarized copy of the certificate of completion or an original certificate sent directly from the course provider to the Board's Administrative Office, showing completion of a Board-approved course on animal euthanasia.
6. Criminal background check. (see attached instructions)

**ATTACH
PICTURE SO
THAT IT MAY BE
EASILY
REMOVED**

**SIGN FULL
NAME ON
BACK OF
PICTURE**

Social Security Number _____ - _____ - _____ Date of Birth _____
Month/Day/Year

Name _____
Last First Middle Maiden

Home Address _____
(Street)

(City) (State) (Zip) (County)

Work Address _____
Name of Animal Control Agency

(Street)

(City) (State) (Zip) (County)

E-Mail Address _____

Home Phone (____) _____ Office Phone (____) _____

Have you ever been licensed to practice as an animal euthanasia technician in another state? _____

If so, give particulars:

State	Name	License Number
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In what occupations or employment have you been engaged in for the past five (5) years? Give names of employers, addresses, and dates:

1. _____

2. _____

3. _____

4. _____

USE ADDITIONAL SHEET OF PAPER IF NEEDED

COMPETENCY INFORMATION

PLEASE ANSWER THE FOLLOWING QUESTIONS. If any answers to questions in this part are in the affirmative, attach an explanation on a separate sheet. **In support of your explanation, the final documents or orders from the issuing states, courts, and/or agencies must be submitted along with this application.**

For the purposes of these questions, the following phrases or words have the following meanings:

1. **“Ability to practice animal euthanasia technology”** is to be construed to include all of the following:
 - a. The cognitive capacity to humanely euthanize domestic canine and feline animals by administering such drugs as designed by the Board of Veterinary Medical Examiners.
 - b. The physical capability to perform animal euthanasia technology tasks with or without the use of aids or devices, such as corrective lenses or hearing aids.
2. **“Medical Condition”** includes physiological, mental or psychological conditions or disorders, such as, but not limited to; orthopedic, visual, speech and/or hearing impairments, cerebral palsy, epilepsy, muscular dystrophy, multiple sclerosis, cancer, heart disease, diabetes, mental retardation, emotional or mental illness, specific learning disabilities, HIV disease, tuberculosis, drug addiction, and alcoholism.
3. **“Chemical substances”** is to be construed to include alcohol, drugs, or medications, including those taken pursuant to a valid prescription for legitimate medical purposes and in accordance with the prescriber’s direction, as well as those used illegally.
4. **“Currently”** does not mean on the day of or even in the weeks or months preceding the completion of this application. Rather it means recently enough so that the use of drugs or alcohol may have an ongoing impact on one’s functioning as a licensee or within the past two (2) years.
5. **“Illegal use of controlled substances”** means the use of controlled substances obtained illegally (e.g., heroin, or cocaine) as well as the use of controlled substances that are not obtained pursuant to a valid prescription or not taken in accordance with the directions of a licensed health care practitioner.

QUESTIONS:

- | | YES | NO |
|---|------------|-----------|
| 1. Do you currently have a medical condition which in any way impairs or limits your ability to practice animal euthanasia technology with reasonable skill and safety? | _____ | _____ |
| a. If yes, are they reduced or ameliorated because you receive ongoing treatment (with or without medications) or participate in a monitoring program? | _____ | _____ |
| b. If you have any limitations or impairments caused by an existing medical condition, are they reduced or ameliorated because of the field of practice, the setting, or the manner in which you have chosen to practice? | _____ | _____ |

If you receive such ongoing treatment or participate in such a monitoring program, the Board will make an individual assessment of the nature, the severity, and the duration of the risks associated with an ongoing medical condition so as to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.]

QUESTIONS:

- | | YES | NO |
|---|------------|-----------|
| 2. Do you currently use chemical substances? | _____ | _____ |
| a. If yes, do they in any way impair or limit your ability to practice animal euthanasia technology with reasonable skill and safety? | _____ | _____ |
| 3. Are you currently engaged in the illegal use of controlled substances? | _____ | _____ |
| a. If yes, are you currently participating in a supervised rehabilitation program or professional assistance program that monitors you in order to assure that you are not engaged in the illegal use of controlled substances? | _____ | _____ |
| 4. Have you ever been diagnosed as having or have you ever been treated for pedophilia, exhibitionism, or voyeurism? | _____ | _____ |
| 5. If you have ever held or applied for a license or certificate to practice animal euthanasia medicine in any state, country, or province, has or was it ever been denied, reprimanded, suspended, restricted, revoked, otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action? | _____ | _____ |
| 6. If you have ever had staff privileges at any hospital or health care facility have they ever been revoked, suspended, curtailed, restricted, limited, otherwise disciplined, or voluntarily surrendered under threat of restriction or disciplinary action? | _____ | _____ |
| 7. Have you ever applied for and been denied a state or federal controlled substance certificate? | _____ | _____ |
| a. If you have possessed such a certificate has it ever been revoked, suspended, restricted, or otherwise disciplined, or voluntarily under threat of investigation or disciplinary action? | _____ | _____ |
| 8. Have you ever been convicted of a felony or a misdemeanor other than a minor traffic offense? | _____ | _____ |

COMPETENCY INFORMATION CONTINUED

QUESTIONS:		YES	NO
9.	Have you ever been rejected or censured by a an Animal Euthanasia Technician society?	_____	_____
10.	In relation to the performance of your professional services in any profession:		
A.	Have you ever had a final judgment rendered <u>against</u> you?	_____	_____
b.	Have you ever had settlement of any legal action rendered <u>against</u> you? or	_____	_____
c.	Are there any legal actions pending <u>against</u> you or to which you are a party?	_____	_____
11.	If you have ever held a license or certificate in any health care profession, has it ever been reprimanded, suspended, restricted, revoked, or otherwise disciplined, curtailed, or voluntarily surrendered under threat of investigation or disciplinary action?	_____	_____

APPLICANT: FILL OUT THE FOLLOWING AFFIDAVIT IN THE PRESENCE OF A NOTARY PUBLIC

AFFIDAVIT AND RELEASE

I, _____, of _____,

(Applicant's Name) (City) (State)

being duly sworn and identified as the person referred to in this application and signed photos attests to the truth of each statement made in said application. I further swear that I have read and understand the law and the Rules and Regulations, which were enclosed in the application packet, and agree to abide by them in the practice of medicine in the State of Tennessee.

I HEREBY:

SIGNIFY my willingness to appear to answer such questions as the Board may find necessary, which may include a full Board interview.

RELEASE to the Board, its staff, and their representatives, any and all documentation necessary now and in the future to establish my physical and mental capabilities to safely practice medicine.

AUTHORIZE the board, its staff, and their representatives to consult with my prior and current associates and others who may have information bearing on my professional competence, character, health status, ethical qualifications, ability to work cooperatively with others, and other qualifications.

AUTHORIZE release, use and disclosure of otherwise HIPAA protected health information to the limited extent necessary for my application to receive full consideration up to and including discussion in a public forum should that become necessary.

RELEASE from liability the Board, its staff, and all their representatives and any and all organizations that provide information for their acts performed and statements made in good faith and without malice concerning my competence, ethics, character, and other qualifications for licensure.

ACKNOWLEDGE that I, as an applicant for licensure, have the burden of producing adequate information for a proper evaluation of my professional, ethical, other qualifications, and for resolving any doubts about such qualifications.

THIS CERTIFIES THAT THE INFORMATION SUBMITTED BY ME IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND BELIEF.

_____ SIGNATURE	_____ DATE
---------------------------	----------------------

Sworn to before me this _____ day of _____, _____.

_____ NOTARY PUBLIC	Affix Seal Here
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My Commission expires _____

ATTACHMENT 1



STATE OF TENNESSEE
BOARD OF VETERINARY MEDICAL EXAMINERS
227 French Landing, Suite 300
Heritage Place MetroCenter
Nashville, Tennessee 37243

(Toll Free In State) 1-800-778-4123 ext. 25090

Name of State where form is to be mailed

Local Nashville Area 615-532-5090
tennessee.gov/health

CERTIFICATE OF LICENSURE IN ANOTHER STATE

APPLICANT SECTION FOR ANIMAL EUTHANASIA TECHNICIANS:

Complete this section of this form. Mail to each state where you now hold or have ever held a license (make copies as needed). Type this information.

Name Last First Middle

Address Street City State Zip Code

License Number Date Issued

I hereby authorize the _____
to furnish the Tennessee Veterinary Board any information in your files concerning me, favorable or otherwise.

Signature _____ Date _____

THIS SECTION TO BE COMPLETED BY AN OFFICIAL OF THE BOARD

This is to certify that the above-named individual was issued License # _____,
to practice as a _____.

Date Issued: _____

Licensed by: () Examination Status () Active
() Endorsement/Reciprocity () Inactive
() Lapsed

Date License Expires: _____

Has this license ever been encumbered in any way? (revoked, suspended, limited, surrendered, restricted, placed on probation, or denied). () Yes () No If yes, explain on reverse side.

Signature _____ Date _____

Title _____ State _____

EB/G6020193/VME

SEAL

**ALL APPLICATIONS FOR INITIAL LICENSURE RECEIVED AFTER MAY 31, 2006 WILL REQUIRE A
CRIMINAL BACKGROUND CHECK AS PART OF THE APPLICATION PROCESS**

CRIMINAL BACKGROUND CHECK INSTRUCTIONS FOR APPLICANTS

Effective June 1, 2006 applicants for initial licensure in Tennessee (not renewal or reinstatement) must obtain a criminal background check.

The Tennessee Bureau of Investigation has selected a new company to scan your fingerprints so that we may receive the results of your criminal background check. The new company will begin operation in Tennessee on August 1st. Beginning August 1st, the current company, Identix Identification Services will no longer schedule appointments in Tennessee for criminal background checks.

Procedures will change with the new company. It will no longer be necessary to schedule an appointment for your fingerprint scan. We will register you with the new company and you will be able to visit a scanning location during normal business hours without needing an appointment. Unless your educational institution has made other arrangements with your licensing board, you will have to submit your license application and license fee prior to our registering you with the new company. You will pay the fingerprint scanning fee directly to the new company when you go to a scanning location.

Complete procedural instructions will be posted on this Web page as soon as they are made available to us.